

# LIFE, ACCIDENT AND HEALTH INSURERS

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF:** ALASKA **Filings Made During the Year 2017**

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 ½"x14")	1	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 ½"x14")	1	EO	xxx	3/1	NAIC	
		<b>II. NAIC SUPPLEMENTS</b>						
	11	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	12	Analysis of Annuity Operations by Lines of Business	1	EO	xxx	4/1	NAIC	
	13	Analysis of Increase in Annuity Reserves During Year	1	EO	xxx	4/1	NAIC	
	14	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	
	15	Interest Sensitive Life Insurance Products Report	1	EO	xxx	4/1	NAIC	
	16	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	1	EO	xxx	4/1	NAIC	
	17	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	1	EO	xxx	4/1	NAIC	
	18	Long-term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	19	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	20	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	21	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	22	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	23	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	24	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	25	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	1	EO	xxx	4/1	NAIC	
	26	Supplemental Health Care Exhibit's Allocation Report	1	EO	xxx	4/1	NAIC	
	27	Supplemental Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	28	Supplemental Schedule O	1	EO	xxx	3/1	NAIC	
	29	Supplemental XXX/AXXX Reinsurance Exhibit	1	EO	xxx	4/1	NAIC	
	30	Trusted Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	31	Workers' Compensation Carve-Out Supplement	1	EO	xxx	3/1	NAIC	
		<b>Actuarial Related Items</b>						
	32	Actuarial Certification regarding use 2001 Preferred Class Table	1	EO	xxx	3/1	Company	
	33	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	1	EO	xxx	3/1	Company	
	34	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	35	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	36	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	1	N/A	xxx	4/30	Company	
	37	Actuarial Opinion	1	EO	xxx	3/1	Company	
	38	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	1	EO	xxx	3/1	Company	
	39	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	xxx	3/1	Company	
	40	Actuarial Opinion on X-Factors	1	EO	xxx	3/1	Company	
	41	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	1	EO	xxx	3/1	Company	
	42	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	43	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	44	RAAIS required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5)	1	N/A	xxx	3/15	Company	
	45	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	

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			State	NAIC	State			
	46	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	47	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	48	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	49	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	50	RBC Certification required under C-3 Phase I	1	EO	xxx	3/1	Company	
	51	RBC Certification required under C-3 Phase II	1	EO	xxx	3/1	Company	
	52	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	EO	xxx	3/1	Company	
	53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	1	EO	xxx	3/1	Company	
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	62	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	65	Separate Accounts Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	66	Separate Accounts .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	1	EO	xxx	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit (AS 21.09.200(g); 3 AAC 21.710(a))	1	N/A	N/A	6/1	Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	
	85	Independent CPA Awareness Letter (newly retained) (Do not file annually.)	1	N/A	N/A	Within 60 days of admittance/change	Company	Company obtains letter from CPA and files with DOI
	86	Independent CPA (change)	1	N/A	N/A	Within 60 days of admittance	Company	
	87	Management's Report of Internal Control Over Financial Reporting (If Gross Premiums ≥ \$500 M)	1	N/A	N/A	8/1	Company	
	88	Notice of Resignation/Dismissal of Prior Independent CPA	1	N/A	N/A	Within 5 business days of dismissal or resignation	Company	
	89	Notification of Adverse Financial Condition	1	N/A	N/A	5 business days	Company	
	90	Prior CPA Disagreement Letter (if Resignation or Dismissal)	1	N/A	N/A	Within 10 business days of DOI notice	Company	Explanation letter by Company
	91	Prior CPA Letter to Company (Whether CPA agrees or disagrees with Disagreement Letter Written by Company.)	1	N/A	N/A	Within 10 business days of DOI notice	Prior CPA Provides to Company	Prior CPA letter to Company & Company letter to DOI filed together.
	92	Relief from the five-year rotation requirement for lead audit partner (Domestic must request by 12/1) (Foreign – requests made of Domestic state only)	1	EO	EO (Grants of Relief only)	12/1 (Domestic Request) 3/1 (Grants of Relief-Domestic & Foreign)	Company	Any grant of relief must be filed with Annual Statement.
	93	Relief from the one-year cooling off period for independent CPA (Domestic only – request approval of Director)	1	EO	EO (Grants of Relief only)	3/1	Company	Any grant of relief must be filed with Annual Statement.
	94	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	
	95	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	12/31	Company	

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			Domestic		Foreign			
			State	NAIC	State			
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Annual Premium Tax Payment		0		3/1	State	Note D
	102	Annual Premium Tax Report	1	0	1	3/1	State	Notes B & O
	103	Certificate of Compliance	xxx	0	1	3/1 or when available	Domestic State	File with Annual Premium Tax Report or separately
	104	Certificate of Deposit	xxx	0	1	3/1 or when available	Domestic State	File with Annual Premium Tax Report or separately
	105	Certificate of Valuation	xxx	0	1	3/1 or when available	Domestic State	File with Annual Premium Tax Report or separately
	106	Designation of Persons to Contact	1	0	1	ONLY IF CHANGED	State or NAIC	ONLY IF CHANGED
	107	Designation of Person to Receive Service of Process	1	0	1	ONLY IF CHANGED	State or NAIC	ONLY IF CHANGED
	105	Form B-Holding Company Registration Statement	1	0	N/A	5/1	Company	Domestics Only
	106	Form F-Enterprise Risk Report ***	1	0	N/A	5/1	Company	Domestics Only Note Q
	110	Minimum Asset Reserve Report	1	0	N/A	3/1	State	Domestics Only
	111	Quarterly Tax Payments		0		5/31, 8/31, 11/30	State	Note P
	112	Quarterly Tax Reports	1	0	1	5/31, 8/31, 11/30	State	Note P
	113	Signed Jurat	xxx	0	xxx	none	NAIC	Note L
	114	State Filing Fees		0		3/1	State	Note C

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

\*\*\*The ultimate controlling person of an insurer is required to file an enterprise risk report (Form F) annually per AS 21.22.060(n). Domestic companies need to file 1 copy with the lead state. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: [http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm)

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	IF HARD COPY NOT REQUIRED, PLEASE DO NOT SEND TO ALASKA. DOCUMENTS SUBMITTED TO ALASKA WHICH ARE NOT REQUIRED TO BE FILED (NOTE ON OUR LIST) WILL BE DESTROYED WITHOUT REVIEW
A	Required Filings Contact Person:	Rebecca Nesheim, Tax Auditor (907) 465-2584 rebecca.nesheim@alaska.gov
B	Mailing Address:	Domestic Company Financial Filings: Chief Financial Examiner Alaska Division of Insurance 550 West 7 <sup>th</sup> Avenue, Suite 1560 Anchorage, AK 99501-3567  Annual Premium Tax Report, Tax Auditor Certificates, and other required Alaska Division of Insurance Reports: P. O. Box 110805 Juneau, AK 99811-0805 <b>Preferred: OPTins</b> Express Mail: 333 Willoughby Avenue, 9 <sup>th</sup> Floor Juneau, AK 99801  Non-domestic Financial Filings: NAIC (unless otherwise noted) Via Electronic media Please contact NAIC for address and format of filing
C	Mailing Address for Filing Fees:	Fees must be paid by the Automated Clearing House payment method. The Annual Premium Tax Report includes the \$100 Annual Statement Filing Fee and \$2,250 Certificate of Authority Continuation Fee. <b>Preferred</b> is to pay via <b>OPTins</b> through the NAIC
D	Mailing Address for Premium Tax Payments:	Taxes must be paid by the Automated Clearing House payment method. The Annual Premium Tax Report is to be filed at the address in Note B. <b>Preferred</b> is to pay via <b>OPTins</b> through the NAIC
E	Delivery Instructions:	All filings must be postmarked no later than indicated due date. If due date falls on a weekend or holiday, then the deadline is extended to the next business day. <b>Preferred</b> is to file annual premium tax report, attachments, and certificates via <b>OPTins</b> through the NAIC
F	Late Filings:	Late Annual Statement Filings Penalty: \$100.00 for each day the insurer fails to file in the form required and within the time established to the director's designee. The director's designee is as given in the checklist and these instructions.  Late Tax Payment Penalty: \$50 per month plus five percent of the tax due per month up to a maximum of \$250 plus 25 percent of the tax due and interest of one percent per month. If not paid by the Automated Clearing House payment method, a penalty of 25 percent of the tax due, with a minimum of \$100 and maximum of \$2,000.
G	Original Signatures:	Original signatures required on all filings for domestic insurers. Facsimile accepted for foreign insurers
H	Signature/Notarization/Certification:	Follow NAIC requirements
I	Amended Filings:	Amended filings must be filed within 30 days of completion along with an explanation of the amendment and submitted in the same format to the same address as the original filing.
J	Exceptions from normal filings:	Letter to Chief Financial Examiner, Alaska Division of Insurance, 550 W. 7 <sup>th</sup> Avenue, Suite 1560, Anchorage, AK 99501-3567
K	Bar Codes (State or NAIC):	None
L	Signed Jurat:	Domestic companies only – Jurat page is included with bound domestic hard-copy filing.
M	NONE Filings:	To be completed as required by NAIC Financial Statement Instructions
N	Filings new, discontinued or modified materially since last year:	None
O	Reminder: State Page & Schedule T	One copy of each to be filed with Annual Premium Tax Report
P	Quarterly Tax Reports and Estimated Tax Payments:	If the 2016 tax was \$10,000 or more, the insurer is required to make estimated quarterly tax payments throughout 2017, <b>preferred</b> is via <b>OPTins</b> . See Note F for late payments.
Q	Form F-Enterprise Risk Report	3 AAC 21.188, eff. 11/26/2015 & AS 21.22.060(n) eff. 7/1/2015
R	Division of Insurance Web Site:	www.insurance.alaska.gov

**General Instructions  
For Companies to Use Checklist**

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

**Alaska does not want to receive a copy of the checklist.**

**Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.**

**Column (1) (Checklist)**

Companies may use the checklist to submit to a state, if requested by the state. Companies should copy the checklist and place an "X" in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

**Name of item or form to be filed**

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The *Risk-Based Capital .PDF Filing* is the .pdf file for risk-based capital data.

The *Separate Accounts Electronic Filing* includes the separate accounts annual statement and investment schedule detail.

The *Separate Accounts .PDF Filing* is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplement .PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The *Quarterly .PDF Filing* is the .pdf for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. . **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include**

**supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: “NAIC,” “State,” or “Company,” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will make the forms available online with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) (Applicable Notes)**

This column contains references to the Notes and the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

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